

Return of Allotment of Shares

Τo

Please complete in typescript, or in bold black capitals. CHFP000

Company Number

Company name in full

5221761

From

PCS	35	Ltd.			

Shares allotted	(including	bonus	shares):
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Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)

Day Month Month Year Year Day 2101019

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

ordinary	WI		
_ (
0.010			

List the names and addresses of the allottees and the number of shares allotted to each overleaf

If the allotted shares are fully or partly paid up otherwise than in cash please state:

% that each share is to be treated as paid up

Consideration for which the shares were allotted (This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the contract is not in writing)



When you have completed and signed the form send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

DX 235

Edinburgh

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details	Shares and share class allotted		
Mame Mr. Muke the Hon.	Class of shares allotted	Number allotted	
Lo Hillcrest Close, Nacisea, BASTO	_ arainay wi		
UK Postcode BSUB 2HP		L	
Name	Class of shares allotted	Number allotted	
Address			
L		L	
UK Postcode		<u> </u>	
Name	Class of shares allotted	Number allotted	
Address		1	
UK Postcode , , , , , ,			
UK Postcode L L L L L Name	Class of shares	Number	
	allotted	allotted	
Address		L	
		<u>. </u>	
UK Postcode LLLLL		<u> </u>	
Name	Class of shares allotted	Number allotted	
Address			
1			
UK Postcode			
Please enter the number of continuation sheets (if any) attached to the For and on behalf Of PCSS LIMITED A director / secretary / administrator / administrative receiver / receiver manager / receiver	Date 19509	elete as appropria	
Please give the name, address, elephone number and, if available,			

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

Pcs 35	U - d
2 wyns	stay Road, Colleyn Bay,
Conuy	UZ9 8NB Tel
DX number	DX exchange